

MICROBLADING CONSENT FORM

Business Name: _____

Date: _____

Informed consent form for microblading and eyebrow tattooing. Covers procedure risks, healing process, and touch-up expectations.

** Required fields*

Full Name *

Jane Doe

Email *

jane@email.com

Phone Number *

(555) 123-4567

Date of Birth *

Emergency Contact Name *

Emergency Contact Phone *

Procedure *

Options: Microblading / Powder Brows / Combo Brows / Microblading Touch-Up

Have you had permanent makeup or microblading before? *

Options: Yes / No

Are you taking blood thinners or aspirin? *

Options: Yes / No

Do you have any of the following conditions?

Diabetes, hemophilia, autoimmune disorders, keloid scarring...

Are you pregnant or nursing? *

Options: Yes / No

Any allergies to numbing agents, dyes, or metals?

- I understand the healing process takes 4-6 weeks *
- I understand a touch-up session may be needed *
- I understand results will fade 30-50% during healing *
- I consent to before/after photos for my records

Client Signature *

Sign here

Date: _____

CONSENT / WAIVER

I consent to the microblading/permanent makeup procedure described above. I understand that: (1) The procedure involves depositing pigment into the skin using a manual blade or machine; (2) Results appear darker immediately and fade 30-50% during the 4-6 week healing period; (3) A touch-up session is typically needed 6-8 weeks after the initial procedure; (4) Risks include infection, allergic reaction, scarring, asymmetry, and pigment migration; (5) Final color and shape may differ from initial expectations; (6) This procedure is contraindicated during pregnancy, nursing, and for individuals with certain medical conditions. I have disclosed all medical conditions, medications, and allergies.

Client Signature: _____

Date: _____

Print Name: _____